

## Foster Family Home - Corrective Action Report

Provider ID: 1-563587

Home Name: Socorro Cardona, CNA

91-933 Hanakahi Street

Ewa Beach

HI 96706

Review ID: 1-563587-6

Reviewer: Jackie Chamberlain

Begin Date: 1/31/2020

### Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

### Foster Family Home Personnel and Staffing

[11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

CG # 3 does not have basic skills check list signed by case management agency RN

### Foster Family Home Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 No RN delegation for [REDACTED] present for client # 2 with [REDACTED] on medication [REDACTED] for any caregiver.

Jackie Chamberlain RN  
Compliance Manager  
[Signature]  
Primary Care Giver

1/31/2020  
Date  
Jan. 31, 2020  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Socorro B. Cardona

CCFFH Address: 91-933 Hanakahi Street, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(g)	RN of Nightingale Case Management did not feel CG#3 is competent in giving medications. Therefore basic skills checklist is not needed.	02/22/20	CG#3 will be considered a household member, no client care will be performed.
43.c(3)	Nightingale Case management RN has instructed all caregivers in [REDACTED] for Client #2 on 02/22/20.	02/22/20	Home will request RN delegations from Nightingale Case management agency for all new clients within 24 hours.

Primary Caregiver's Signature: 

Print Name: SOCORRO B. CARDONA

Date of Signature: FEB 22, 2020